114.3 CMR Division of Health Care Finance and Policy

114.3 CMR 51.00: Adult Foster Care

Section

51.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 51.00 governs the MassHealth payment rates effective May 1, 2008 for Adult Foster Care services described in 130 CMR 408.000 that are provided by participating Providers to eligible publicly-aided individuals.

(2) Authority. 114.3 CMR 51.00 is adopted pursuant to M.G.L. c. 118G.

51.02: General Definitions

Activities of Daily Living (ADLs). Fundamental personal care tasks as defined in 130 CMR 408.000 performed as part of an individual's routine of self-care. ADLs include, but are not limited to, eating, toileting, dressing, bathing, transferring, and ambulation.

Adult Foster Care. Services as defined in 130 CMR 408.000 that are ordered by a physician and delivered to a Member in a qualified setting as described in 130 CMR 408.415 by a multidisciplinary team and qualified AFC Caregiver, that includes assistance with ADLs, IADLs, other personal care as needed, nursing services and oversight, and AFC Care Management.

Adult Foster Care (AFC) Caregiver. A person selected, supervised and paid by the Provider for the provision of direct care in accordance with 130 CMR 408.405(A).

Alternative Placement. A short-term placement of up to 14 days per calendar year during which a Member receives Adult Foster Care from an alternative care provider when the AFC Caregiver is temporarily unavailable or unable to provide care.

AFC Level I. A level of payment for Adult Foster Care Services provided to a Member who meets the clinical criteria of 130 CMR 408.409 (D) (1).

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AFC Level II. A level of payment for Adult Foster Care Services provided to a Member who meets the clinical criteria of 130 CMR 408.409(D)(2).

Division. The Division of Health Care Finance and Policy, established under M.G.L. c. 118G.

Intake and Assessment Services. Services as defined in 130 CMR 408.402 and outlined in 408.411(A) provided to a MassHealth member referred to a Provider for AFC Services.

MassHealth. A program of medical care and assistance which includes, but is not limited to, payment for certain health care services to eligible residents of the Commonwealth established under M.G.L. c. 118 E and administered by the Executive Office of Health and Human Services through its Office of Medicaid.

Member. A MassHealth eligible member who has received clinical authorization by either MassHealth or its designated Screening Agent for payment of Adult Foster Care.

Procedure Code. The service code from the Healthcare Common Procedure Coding System (HCPCS).

Provider. An organization that meets the requirements of 130 CMR 408.000 and that contracts with MassHealth to provide Adult Foster Care to eligible MassHealth members.

51.03: Rate Provisions

(1) General Rate Provisions.

(a) The payment rates in 114.3 CMR 51.00 are full compensation for all Adult Foster Care services rendered to Members, including any related administrative or supervisory duties in connection with the provision of AFC services outlined in 130 CMR 408.000.

(b) Disclaimer of Authorization of Services. 114.3 CMR 51.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 114.3 CMR 51.00. Governmental units that purchase services from eligible Providers are responsible for the definition, authorization, and approval of services extended to publicly-aided patients.

(2) Payment Rates.

The rates for AFC services are set forth in the table below.

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Procedure Code	*Service Description*	*Rate*	*Unit*
S5140	AFC Level I	$47.13	Per Diem
S5140TG	AFC Level II	$83.09	Per Diem
S5140TF	Level 1 Alternative Placement	$37.47	Per Diem
S5140U5	Level 2 Alternative Placement	$74.93	Per Diem
T1028	Intake and Assessment Services	$242.38	Per Admission

51.04: Filing Requirements

(1) Required Reports. Each Provider must file a cost report as required by the Division. The Division may specify required filings and due dates by administrative bulletin.

(2) Examination of Records. Each Provider must make available all records of its operations for audit, if requested by the Division.

(3) Additional Information. Each Provider must file any additional information concerning its operations as the Division may require from time to time no later than 30 days after a written request.

(4) Accurate Data. All reports, schedules, additional information, books and records that are filed or made available to the Division must be certified under pains and penalties of perjury as true, correct and accurate by the Executive Director or Financial Officer of the Provider.

(5) Penalties. If a Provider does not file the required Cost Reports by the due date, the Division may reduce the Provider's rates for current services by 5% on the day following the date the submission is due and 5% for each month of non-compliance thereafter. The reduction accrues cumulatively such that the rate reduction equals 5% for the first month late, 10% for the second month late and so on. The rate will be restored effective on the date the Cost Report is filed.

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51.05: Other Provisions

(1) Administrative Bulletins. The Division may issue administrative bulletins to clarify provisions of 114.3 CMR 51.00.

(2) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin if the coding system adds, deletes or changes relevant codes.

(3) Severability. The provisions of 114.3 CMR 14.00 are severable and if any provisions of 114.3 CMR 51.00 or application of such provision to any eligible Provider or any such circumstances are held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions to any eligible Providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 51.00: M.G.L. c. 118G